

APPENDIX A

CIVILIAN INDIVIDUAL READINESS PROCESSING (IRP) QUALIFICATION CHECKLIST

NAME: _____ SSAN: _____ DATE: _____
(Last, First, MI)

Home Station: _____ Phone NO: _____

POI: _____ MACOM: _____ GRADE: _____ SEX: _____

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- | | GO | NO-GO |
|---|---------|-------|
| 1. PERSONNEL RECORDS REQUIREMENTS: | | |
| a. Personal Data Sheet or ACPERS Printout | * Y | N |
| b. Deployment packet | Y | N |
| ** c. Passport/Visa issued if required for
area of deployment? | * _____ | _____ |
| ** d. Theater (Country) Clearance | Y | N |
| ** e. Travel Documents (TDY Orders) | _____ | _____ |
| ** f. SF-50, Detail Documentation | _____ | _____ |
| 2. PERSONNEL MANAGEMENT REQUIREMENTS: | | |
| a. Family Care Plan Required
(See AR 690-11)
(CPO indicates GO/No Go in item 8a) | Y | N |
| 3. PERSONNEL ACTIONS REQUIREMENTS: | | |
| ** a. Two Identification Tags with Metal
Necklace | _____ | _____ |
| ** b. Identification Card (DA Form 1602) | _____ | _____ |
| ** c. Geneva Convention Identification Card
(DD Form 489) | _____ | _____ |
| d. Enrolled in Direct Deposit of Pay | Y | N |
| ** e. Completion of DD Form 93 (Record of
Emergency Data) (Copy forwarded to
TAPC-PEC) | _____ | _____ |
| 4. ORGANIZATION | | |
| CLOTHING/EQUIPMENT REQUIREMENTS: | | |
| a. Completed DA Form 3645 (Organizational
Clothing and Individual Equipment Record)
(Indicate GO/NO-GO in item 13d and 13e) | Y | N |
| Chemical Defense | | |
| Suit, Chemical Protective | Y | N |
| Mask, Protective M17-series w/hood
(Tested?) | Y | N |
| Overshoes, boot, combat | Y | N |
| Gloves, set, chemical | Y | N |
| Antidote kit, Mark I | Y | N |
| CTA 50-900 Issue | Y | N |
| Clothing Issue | Y | N |

5. MEDICAL REQUIREMENTS:		
a. HIV Cleared? (If Required)	Y	N
Last Test Date _____		
b. DNA Sample Processed?	Y	N
c. Prescription Medicine (90 day supply recommended)(if applicable)	Y	N
** d. Pregnant?	_____	_____
** e. Immunizations current?	_____	_____
Number given? _____		
** f. Eyeglasses (1 pair)(if needed)	_____	_____
** g. Eyeglass Mask inserts (1 pair)	_____	_____
(If required to wear glasses)		
** h. Hearing Aid with extra batteries	_____	_____
(If hearing aid is required)		
** i. Medical Warning Tags (2 each)	_____	_____
Why? _____		
** j. Completion of DA Form 8007 (Individual Medical History)	_____	_____
** k. Completion of DA Form 4036-R (Medical and Dental Preparation for Overseas Movement)	_____	_____
** l. Preventive Medicine Brief	_____	_____
6. DENTAL REQUIREMENTS:		
** a. Acceptable Panographic X-ray on file	_____	_____
7. LEGAL AFFAIRS REQUIREMENTS:		
a. Prepare Powers of Attorney	Y	N
b. Prepare Last Will and Testament	Y	N
** c. Geneva Convention Briefing	_____	_____
** d. Laws of War Briefing	_____	_____
e. Briefed on Local Laws for Deployment Area?	Y	N
8. CPO REQUIREMENTS:		
** a. Family Care Plan Approved	_____	_____
(Refer to item 2a)		
b. Emergency-Essential Agreement signed	Y	N
** c. Valid Military/International drivers license (if required)	_____	_____
d. Major Credit Card	Y	N
e. Telephone Calling Card	Y	N
9. TRANSPORTATION REQUIREMENTS:		
a. HHG/Personal Property Arrangements	Y	N
b. Transportation Arrangements	Y	N
10. PROVOST MARSHAL:		
a. Completed Vehicle Storage Report	Y	N
(DD Form 2506)		
b. Completed Disposition of Private Weapon/Firearm	Y	N
11. HOUSING OFFICE:		
a. Housing/Leasing	Y	N
Arrangement/Notification of Absence		

12. ARMY COMMUNITY SERVICES:		
a. Family Information/Assistance	Y	N
b. Family Member Briefing on Sponsor's Deployment Mission and Area		
13. INSTALLATION REQUIREMENTS:		
** a. Received Briefings		
Customs/Culture	Y	N
Environment	Y	N
Terrorist Threat	Y	N
b. Weapons training (See Note 1)	Y	N
** c. Chemical Defense Training (See Note 2)		
Training in First Aid		
Training in Administering Nerve Agent Antidote to Self (Self Aid)		
** d. Central Issue Facility Clothing Issue		
** e. CTA 50/Equipment Issued		
14. FINAL CHECK: (Circle one)		
	DEPLOYABLE	NON-DEPLOYABLE (Cite Reason)

15. STATISTICS: INPUT OPERATOR _____

- * Circle Y for Yes, N for No/Initial appropriate column for GO or NO-GO (Deployment readiness determinations)
- ** Must receive a GO on these items to be deployable

Note 1: Weapons - If the Combatant Commander/MACOM Commander authorizes weapons (sidearms only) for civilians, and the member desires to accept a weapon, he/she must be trained in the use of the weapon prior to it being issued.

Note 2: If theater commander indicates NBC threat, individual must meet requirements of STP-321-1-SMCT, Soldiers Manual of Common Tasks Skill Level 1, Oct 90

PRIVACY ACT STATEMENT

AUTHORITY: USC TITLE 8, 4101 TO 4110 NOV 1945

PURPOSE: Used in administrative processing for overseas duty. Consolidates required information to expedite processing. One copy of the form will be placed in the Servicing CPO's copy of the individual's deployment packet and one copy will be placed in the individual's deployment packet to be taken to the theater.

DISCLOSURE: Information provided on this form is voluntary. Failure to provide this information, however, may result in ineligibility for overseas duty.

